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MENTAL NURSING. LESSON PLANS PREPARED BY PRACTICAL NURSING INSTRUCTORS FOLLOWING JOINT CONFERENCE HELD AT THE UNIVERSITY OF TENNESSEE, KNOXVILLE.

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THE LESSON PLANS FOR A UNIT ON MENTAL NURSING IN THE PRACTICAL NURSE EDUCATION PROGRAM WERE DEVELOPED BY A GROUP OF REGISTERED NURSES HOLDING TENNESSEE TEACHING CERTIFICATES. STUDENTS SELECTED FOR THE PROGRAM SHOULD BE HIGH SCHOOL GRADUATES OR EQUIVALENT. THE LESSONS DESIGNED FOR USE BY A REGISTERED NURSE INSTRUCTOR GIVE OBJECTIVES, REFERENCES, MATERIALS, INSTRUCTIONAL AIDS, OUTLINE OF PERTINENT MATERIAL TO BE PRESENTED, KEY POINTS TO BE EMPHASIZED, TEST, AND SUMMARY. LESSONS ARE ON (1) INTRODUCTION TO PSYCHIATRIC NURSING, (2) THE MENTAL HOSPITAL, (3) BASIC CONCEPTS OF A THERAPEUTIC, (4) OBSERVATION AND RECORDING, (5) THE NEW ADMISSION, (6) THE WITHDRAWN PATIENT, THE UNDERACTIVE PATIENT, (7) THE SUSPICIOUS PATIENT, THE WORRYING PATIENT, (8) SECURITY MEASURES IN A PSYCHIATRIC HOSPITAL, (9) TYPES OF MENTAL DISEASES, (10) TYPES OF THERAPY, AND (11) REHABILITATION OF THE MENTALLY ILL PATIENT. THIS DOCUMENT IS AVAILABLE FOR $2.00 FROM VOCATIONAL CURRICULUM LABORATORY, BOX 1114, MURFREESBORO, TENNESSEE 37130. (FS)

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Lesson Plans

Practical Nurse Education

MENTAL NURSING

VT 02934

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LESSON PLANS

MENTAL NURSING

Prepared by

PRACTICAL NURSING INSTRUCTORS

Following

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Held at

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PREFACE

During the first Joint Conference of Vocational Education arrangements were completed for the development of lesson plans for the Practical Nursing curriculum. The coordinators and instructors prepared these lesson plans.

It is hoped that the prepared lesson plans will serve as an instructional aide for the practical nursing teacher. They should be used as a guide for the teacher as she makes daily lesson plans. The lessons include objectives, references, materials, instructional aids, outline of pertinent material to be presented, application, test and summary.

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INSTRUCTOR'S LESSON PLAN — Lesson 1

MENTAL NURSING

NAME OF LESSON: Introduction to Psychiatric Nursing

AIM OF LESSON: To help the student to accept the need for integrating mental health concepts into every phase of the patient-nurse relationship.

REFERENCES:
Mental Health, the Nurse and the Patient - Odlum
Practical Nursing - Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

Step I. INTRODUCTION:

No one is wholly successful in everything they wish to accomplish or achieve. Everyone meets with some frustrations. Some people are able to compensate for disappointments more than others. Our healthy state of mind assist us to achieve the ability to compensate for tensions, disappointments and the stresses occurring in our daily life. Health has three faces, body, mind and emotions. They must be considered together. Mind is the reasoning part of the individual. It is difficult to separate emotional and mental health. Mind is also the part of us that makes decisions. Individuals unable to make decisions which help them carry on as independent beings and fit into the world are mentally ill.

Step II. PRESENTATION OF LESSON

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Historical Points	
1. Attitudes	a. Biblical times Since beginning of human existence temples were built for car of the mentally ill.
	b. Greece in the Golden Age Physicians tried to separate those with mental illness from the physically ill. There was a tolerant attitude toward the mentally ill or retarded.
2. Attitudes Changed	a. During the latter part of the eighteenth century, at the time

the downfall of the flourishing empires, the treatment underwent severe change from tolerance and care to mistreatment.

b. In Medieval times the mentally ill was looked upon as possessed by evil spirits.

3. Reform

a. Began at the end of 18th century
b. Phillipe Pinel was French physician who thought the responsibility of the mentally ill should fall on the mentally well
c. Dorthea Dix, school teacher, informed the public, especially the government of existing conditions
d. Clifford Beers wrote "A Mind That Found Itself", a story concerning his hospitalization in the early 20th Century. He was instrumental in founding the National Committee for Mental Hygiene.

4. National Association for Mental Health

a. Sponsors
   - Guidance clinics
   - Adjustment Centers
   - Vocational Guidance
   - Prison Psychiatry

b. Educates by
   - Radio
   - Television
   - Community panel discussions, includes lay and professional groups
   - Distributes printed material

B. Discussion of Terms

1. Mental Illness
   a. People with difficulties that affect the mind
   b. Patient is as sick as if it were a physical ailment
   c. Modern medicine recognizes difficulties people meet
   d. Many recover and return to normal way of life

2. Psychiatry
   a. Specialized field of medicine
   b. Constantly finding new and better ways of treating mental illness
   c. Mentally ill may be cared for in home or hospital
   d. Many kinds of mental illness
      Symptoms: Usually recognizable, personality changes
      Cause: May be due to shock, true cause often unknown. There may be a hereditary tendency. More often arises from inability to adjust to difficult environment

3. Psychology
   a. Definition
   b. Plays a very practical part in our everyday life in the hospital
   c. Why the nurse needs to know in daily work with people.
      To understand people it is necessary that we have some idea of the way in which the human mind works.
      Learn the manner in which the individual is likely to behave.

Step III. <u>APPLICATION:</u>

Write brief outline of "Changing Public Attitudes Toward Mental Illness".
Visit with instructor Mental Health Center

Step IV. <u>CHECK UP OR TEST</u>:

Write resume of field trip to Mental Health Center.

<u>SUMMARY:</u>

For many centuries mental illness was looked upon with dread. The mentally ill were condemned. Gradually ideas regarding behavior disorders changed with the advance of scientific medicine. Cases were explored and treatments studied and applied. Through the efforts of well known individuals as Dorthea Dix, Clifford Beers

and others dedicated to the improvement of care for the mentally ill, the mental hygiene movement came into being. Out of this beginning the National Association for Mental Health, Inc., developed and psychiatry began to play an important part in everyday activity.

No matter how unlikely the recovery of a patient may seem, no patient is neglected or regarded as hopeless. Many hospitalized patients return to their families and work in the community as better adjusted citizens.

INSTRUCTOR'S LESSON PLAN — Lesson 2

MENTAL NURSING

NAME OF LESSON: The Mental Hospital

AIM OF LESSON: To inform the student of the types of hospitals available for the care of the mentally ill.

REFERENCES: Practical Nursing - Rapier
The Psychiatric Aide - Robinson

MATERIALS: Chalkboard, chalk, eraser

Step I. INTRODUCTION

Current authorities in the field of mental health believe there are some 17,600,000 persons suffering from some form of mental illness. Slightly more than one out of every two hospital beds in the U. S. are occupied by mental patients. The extent of mental illness is generally underestimated because many people still think of it only as "insanity" or "craziness". Actually mental illness is very common. It can be as serious as cancer or as mild as a cold. Severe disturbances of mental health necessitate hospital care for nearly a million persons in this country. There are about 496 hospitals for mental disease in the U. S. The average daily hospital census of mental patients in 1957 was 673,115.

Step II. Presentation of Lesson

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Private Hospitals	
1. Basis for admission	a. Smaller than state owned hospitals
a. Ability to pay	b. May or may not operate for profit
b. Facilities available	
B. Public Hospitals	
1. Basis for admission	a. Usually patients requiring longer period of treatment may be 1,000 to 10,000 patients.
a. Resident of state	

2. Facilities
   a. Diagnosis
   b. Treatment
   c. Research
      Cause
      Treatment
   d. Educational programs

C. Veterans Administration
   1. Federal hospitals
      a. Basis for admission
         Patients connected with government,
         Veterans

D. Psychopathic Hospitals
   1. Observation and emergency treatment

E. Residential Treatment Center
   1. Children

F. Day Care

G. Methods of Admission
   1. Voluntary
   2. Temporary Care
   3. Court Commitment

Step III. APPLICATION

Read unit in textbook on care of the mentally ill.
Read "What is Mental Illness" U. S. Department of Health, Education, and Welfare.
Read "There is Something You Can Do about Mental Health" W. C. Menninger, M. D.

Step IV. CHECK-UP OR TEST

A. Outline briefly types of hospitals available for the mentally ill and basis for admission.

SUMMARY

Mental illness remains the nations number one health problem. Each year about 290,000 new patients are admitted to mental hospitals and psychiatric units of general hospitals. There are

more patients in hospitals for mental illness than all other diseases combined.

More mentally ill patients are recovering, more research is underway, more communities are providing facilities for early detection, treatment and rehabilitation than at any time in history.

There are three methods of admission to a mental hospital. Voluntary admission is the most desirable since it is acknowledged by the patient who has insight into his problem and requests care and treatment.

INSTRUCTOR'S LESSON PLAN — Lesson 3

MENTAL NURSING

NAME OF LESSON: Basic Concepts of a Therapeutic Environment

AIM OF LESSON: To teach the student the importance of a therapeutic environment.

REFERENCES: Preview of Practical Nursing - Mosby
Simplified Nursing - Thompson and LeBaron

MATERIALS: One copy of test for each student

Step I. INTRODUCTION

The importance of the correct approach to mentally ill patients cannot be stressed too frequently, the nurses success depends on her ability to evaluate her patients and adjust her own behavior accordingly.

Step II. PRESENTATION OF LESSON

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Needs of the patient	1. His desires, wishes and opinions are as important to him as are those of the well person 2. Consistent, non-punitive attitudes are essential. 3. Allow patient to set own pace in working with his problem 4. Unconditional acceptance 5. Allow to express both positive and negative emotions 6. Permissiveness with consistant limitations 7. Basic needs common to all people, love, security, protection, elimination, food, clothing and shelter.

B. Essential attitudes for the nurse	1. Wholesome and constructive attitude 2. Love and esteem, matter of factness 3. Active friendliness, passive friendliness 4. Politeness, patience, truthfulness and poise 5. Tactfulness, skillful listening, confidence
C. Hygiene	Basic hygiene needs known to all persons
D. Factors preventing therapeutic environment	1. Factors which would hinder therapy in any of the above mentioned points

Step III. APPLICATION

A. Discuss the right attitudes and compare them with effects of wrong attitudes
B. Discuss false notions of mental illnesses that exist today
C. Compare needs of the mentally ill with those of the well person

Step IV. CHECK-UP OR TEST

1. Essential attitudes for the nurse, to establish comfortable and agreeable relationships with mental patients would include the following:

A. Even temper	1. All of these
B. Noncritical attitude	2. A, C, and D
C. Confidence in ourselves and others	3. B, D, and E
D. Intimate friendships with patient	4. A, B, and C
E. Hurried manner	5. All except E

2. Attitudes to avoid in caring for mental patients

A. Over-rating what patient says	1. None of these
B. Stimulating ideas of reference	2. A, and D only
C. Politeness and tactfullness	3. All except E
D. Superior attitudes	4. A, B, and C
E. Friendliness	5. A, B, and D

3. Basic needs of the mentally ill person include all of the following except one. Select the one item that does not apply.

A. Love
B. Food, clothing and shelter
C. Security and protection
D. Punitive measures to control behavior
E. Permissiveness without limitations

1. All except D and E
2. All except D
3. B, C, and E only
4. D only
5. E only

4. The practical nurse's approach to the patient is determined by:

A. The doctor's orders upon admission
B. Diagnosis
C. The patient's behavior
D. The patient's education
E. Likes and dislikes

1. C only
2. B, C, and D
3. All except E
4. A, D, and E
5. None of these

5. The following are general principles applying to mental nursing

A. Lack of orientation promotes comfort
B. Mental patients need to feel accepted
C. Mental patients need to express emotions
D. Mental patients need to feel security
E. Reassurance by nurse's skill

1. B, C, and E
2. All except A
3. All except E
4. B, C, and D only
5. All of these

Answer Key

1. 4
2. 5
3. 1
4. 1
5. 2

SUMMARY:

Mental patients need assistance from well-adjusted and mature persons who, by training, skill, and understanding, can provide healing and therapeutic environment.

The next assignment will cover guides for observing and recording.

INSTRUCTOR'S LESSON PLAN — Lesson 4

MENTAL NURSING

NAME OF LESSON: Observation and Recording

AIM OF LESSON: To teach basic approaches to psychiatric behavior patterns. Guides for admission observations and ward observations.

REFERENCES: Preview of Practical Nursing - Mosby
Simplified Nursing - Thompson and LeBaron

MATERIALS: A large picture of a group of people engaged in some activity

INSTRUCTIONAL AIDS: Chalk board and chalk

Step I. INTRODUCTION:

Today we will discuss basic approaches to psychiatric behavior patterns, what to look for in caring for the mentally ill and how to record your observations.

Step II. PRESENTATION OF LESSON

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Admission observations	1. Physical condition is checked 2. Careful and detailed observations made about behavior, notes are taken if possible 3. Appearance as to dress and facial expression 4. Sociability, degree of 5. General behavior, co-operativeness; whether or not responsive 6. Emotional reactions 7. Speech-normal or defective 8. Conversation, whether it appears normal in amount and content. Complaints are noted in detail

B. Ward Observations

1. Purpose of ward ovservations
2. Patients condition from time to time .
3. Observe without patients knowledge.
   Appearance, is patient neat, clean and tidy, or dirty and untidy?
4. Sociability, does the patient associate freely with other patients, or is he withdrawn?
5. Behavior, is patient orderly or disorderly?
6. Restless, quiet or noisy, friendly or indifferent
7. Interested or disinterested, destructive or violent
8. Emotional reactions, speech, complaints, sleep, appetite, and excretions.

Step III. APPLICATION:

Using these points as a guide, report your observations of someone you have been in contact with today. (Have three or four students report.) Group discussion of important points of observing, stressing points that may have been left out.

Step IV. CHECK-UP OR TEST

Show a picture to the group, preferrably a group picture, for a brief period, then have each student write as many observations about the picture as they can.

SUMMARY

If a person is not naturally observant, this trait can be cultivated. One must be alert with all senses. Observe and report in detail, taking great care to be accurate. Do not draw own conclusions. Choose words carefully in writing notes. Accurate observing and recording is of the utmost importance while no report is better than a misleading one.

The next topic for discussion will be the new admission.

INSTRUCTOR'S LESSON PLAN — Lesson 5

MENTAL NURSING

NAME OF LESSON: The New Admission

AIM OF LESSON: To teach the student guides to follow in the admission of a patient to a mental hospital.

REFERENCES: Preview of Practical Nursing - Mosby
Simplified Nursing - Thompson and LeBaron

MATERIALS: One copy of true or false test questions for each student.

Step I. INTRODUCTION:

It is important that a nurse know basic guide rules for admitting mentally ill patients. The patients initial contact with the hospital is very important, the saying "First impressions are lasting impressions" proves to be true quite frequently.

Step II. PRESENTATION OF LESSON

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Guides to admission of patient to a mental hospital	1. Put patient at ease, thus increasing feelings of security 2. Admission of hospital routines in relationship to the patients person and belongings. 3. No patient left alone during admission because of possible escape or suicidal tendencies. 4. Orient patient to hospital environment. 5. Introduce patient to others on the ward, at his level of acceptance. 6. Be prepared to give acutely ill patient immediate and skillful care. 7. Friendly and gracious with patient's family. 8. Observe patient and report accurately.

9. Give verbal reports away from patient's hearing.
10. Keep written reports away from patient's seeing.
11. Do not ask leading questions.
12. All new admissions are watched closely until it is determined if there are escape, suicidal, or combative tendencies present.

Step III. APPLICATION

Group discussion of how guides for admission of a patient to a mental hospital varies with the guides for admission to a general hospital. Discuss why there is a need for these variations.

Step IV. CHECK-UP OR TEST

The following statements are either true or false regarding a patient who is a new admission to a mental hospital. Select either true or false and write the word that applies in front of the statement.

1. True Any behavior which might suggest self-injury or injury to others should be reported at once.
2. False It is acceptable to leave a new admission alone if no escape tendencies are noted.
3. False A new admission patient should be introduced to all the other patients on the ward, and all the nursing personnel, even though he may act as if he would rather be alone.
4. False It is not important to spend time with the patient's family because you owe all of your time to the patient.
5. True A psychiatric nurse must be prepared to give acutely ill patients immediate and skillful care.
6. True To put a mentally ill person at ease increases his feelings of security.
7. False It usually is not necessary to acquaint the mentally ill patient with hospital routines because he already has enough to be concerned about.
8. True Nursing care should center on the patient as a person and not on control of symptoms.

9. True While admitting a new patient you remember that behavior differs in degree rather than kind.

10. True Human behavior is motivated and can be understood and interpreted.

SUMMARY

Today we have discussed basic guides to use when admitting a patient to a mental hospital, how these guides vary with the usual admission routine and the importance of having such a guide in order for the best possible care to be given to the patient. By applying these guides we are also of value in securing the cooperation of the patient, his family, as well as having an opportunity to establish a good nurse-patient relationship.

The next assignment will be: The Withdrawn Patient, the Underactive Patient.

INSTRUCTOR'S LESSON PLAN Lesson 6

MENTAL NURSING

NAME OF LESSON: The Withdrawn Patient, the Underactive Patient

AIM OF LESSON: To teach the student guides to nursing withdrawn and underactive patients according to behavior shown

REFERENCES: Preview of Practical Nursing - Mosby
Simplified Nursing - Thompson and LeBaron

Step I. INTRODUCTION:

Nursing success of mentally ill patients depends on the nurse's ability to evaluate various behavior patterns and adjust her nursing practices accordingly. Today we will discuss basic approaches to the withdrawn patient and the underactive patient.

Step II. PRESENTATION OF LESSON: (List Points of Information)	Key Points (Things to Remember to Do or Say)
A. The withdrawn patient	1. Show interest by warm friendly approaches 2. Use simple direct approach 3. Listen without indicating acceptance, dispute, or ridicule if hallucinations present 4. Try to not do or say things that might create suspicion 5. Anticipate changes in behavior so as to be ready to cope with it 6. Plan well for personal hygiene, the patient may forget or neglect to care for himself 7. Exercise must be planned for if patient stays in one position
B. The underactive patient	1. Show sincere interest by attitude 2. Try to keep patient's life simple and free from confusion 3. Patient slower in the morning new activities should be used in afternoon

4. Accept refusals to cooperate calmly
5. Do not attempt to reason away ideas of guilt, but allow to do menial tasks if not tiring
6. Provide security from suicide.
7. Be alert for signs of fatigue, and neglect of personal hygiene.
8. Be alert for physical illness, and malnutrition. Insomnia is common.

Step III. APPLICATION

Have each student plan the care for one day for each type of patient, pointing out the plans necessary to meet the patients basic needs, such as personal hygiene, exercise and nutrition.

Step IV. CHECK-UP OR TEST

Role playing: Students acting part of the patient and the nurse. Every student need not play either a patient or nurse but each one being free to offer helpful suggestions. The instructor should check to make the important points of approach to these two types of patients brought out clearly.

SUMMARY:

Today we have learned the approach to two types of mentally ill patients, these are basic guides. Each patient is an individual and their behavior patterns will change. Remember always that the successful nurse changes her nursing approach as the patient changes his behavior. It is impossible to predict all possible behavior that the patient may show at some time or other, however, with these guides, you can be sure of attending to the patients needs.

Tomorrows lesson will be "The Suspicious Patient" and "The Worrying Patient."

INSTRUCTOR'S LESSON PLAN Lesson 7

MENTAL NURSING

NAME OF LESSON: The Suspicious Patient, The Worrying Patient

AIM OF LESSON: To teach the student guides to nursing the suspicious patient and the worrying patient according to behavior shown.

REFERENCES: Mental Health, the Nurse and the Patient - Odlum
Practical Nursing - Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

SUPPLIES: One copy of test for each student

Step I. INTRODUCTION:

We have studied the approach to use for the withdrawn and the underactive patient, now we will discuss the approach to use for the suspicious and the worrying type patients.

Step II. PRESENTATION OF LESSON:

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. The Suspicious Patient	1. Reduce threat by interest, tolerant attitude, and approval for work well done. 2. Accept aloofness with matter-of-fact attitude 3. Recognize conceit, sarcasm, and conceited attitudes as a part of his illness 4. Try to learn and avoid patients points of sensitivity so that he won't be offended 5. Listen without showing acceptance or arguments if false suspicions exist 6. Tactful indirect methods of feeding patient if he feels he is being poisoned

7. Be alert for suicide tendencies or feelings of persecution
8. Provide contacts that offer no personal threat.

B. The Worrying Patient (psychoneurotic)

1. Accept complaints as part of illness, but plan work and play for patients comfort.
2. Matter-of-fact acceptance of patient.
3. Attend to physical problems tactfully and without undue concern
4. Observe for stealing, return stolen item with quiet unconcern.
5. Be alerted for unbearable anxiety, use tactful precautions for suicide.
6. Complaints may make him unacceptable to others in a group, support him tactfully.
7. Provide simple health program

Step III. APPLICATION:

Group discussion of items that may make an already suspicious patient even more suspicious. Discuss ways that the nurse can help to avoid bringing suspicion upon the nurses as they go about their daily activities. Using the guides that have been given, discuss ways of helping the worrying patient cope with his anxieties.

Step IV. CHECK-UP OR TEST:

Situation Questions; Please select the most nearly correct answer from the following: You have as one of your patients, a young mother of three children, she does not appear too upset, but you notice that she watches everyone about her, including you, very closely and presents other symptoms of being suspicious of her surroundings.

1. Your patient refuses to enter into ward activities because she feels that she cannot do as well as some of the other patients. You could best help by:

A. Insisting that she join the group.
B. Show disapproval because she does not cooperate.

1. C and D
2. B only
3. A and D
4. C only

C. Be tolerant and show friendly interest in simple activities that she can do
D. Accept the fact that she feels superior and tell her that she will have to join the group if she hopes to get well enough to go home.

2. One morning when you carry the breakfast tray to your patient she says, "Take it away, I am not going to eat anymore of that poison." You would:

A. Quietly remove the tray and offer food later in the morning.
B. Tell her that she must eat to keep her strength.
C. Discuss the disadvantages of tube feedings.
D. Tell her that the food is not poisoned and prove it by eating the food yourself.

1. D only
2. B and C
3. A only
4. B and D

3. A new patient is admitted to your unit and soon you discover that he seems to worry constantly about small items that normally do not bother most other patients. He has a lot of complaints and complains that the other patients avoid him because he is not good enough to associate with them. You should

A. Tell him to stay away from the group.
B. Accept his complaint, but assure him that he is probably better than they are.
C. Accept his complaint matter-of-factly and avoid comment on the patients worth.
D. Tell him to quit worrying and join the group anyhow.

1. C only
2. A and B
3. D only
4. B and D

Answer Key:
1. 4, 2. 3, 3. 1.

SUMMARY:

Today we have discussed the suspicious patient and the worrying type patient. Possibly the key note in caring for these types of patients is to remember that the patient responds to a situation in relation to whatever or whoever is in it with him, illusory or real. Permissiveness with broad, consistent limitations is essential for the patient to be better able to cope with and work out his problems.

The next lesson will be on: Security Measures in a Psychiatric Hospital.

INSTRUCTOR'S LESSON PLAN — Lesson 8

MENTAL NURSING

NAME OF LESSON: Security Measures in a Psychiatric Hospital

AIM OF LESSON: To teach the student measures that must be employed in mental nursing to offer the fullest protection to the patient, the hospital, and to the personnel.

REFERENCES:
Mental Health, the Nurse and the Patient - Odlum
Practical Nursing -Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

Step I. INTRODUCTION:

By the nature of mental illness, in which emotions become greatly disturbed, the patient needs protection in different ways. The tendency to harm self or others may be strong. Ideas of unworthiness or hostility may be uncontrollable at times, poor judgment and impulsive behavior is common. Security measures are a MUST in psychiatric hospitals.

Step II. PRESENTATION OF LESSON

(List Points of Information)	Key Points (Things to Remember to Do or Say)
A. Security in relation to keys	1. Principles in proper handling of keys. 2. Locked areas for the protection of the patient in his environment.
B. Potentially dangerous articles	1. Sharps and silverware precautions and routines. 2. Necessary and unnecessary hazards in environment. 3. Nurse's duties and routines when hazardous articles are lost.
C. Precautions for the prevention of fire	1. Well informed and constantly alert personnel.

	2. Fire prevention routines, use and care of equipment. 3. Practice "fire drills."
D. Group Management	1. Preparation of group before leaving ward. 2. Management of group off ward.
E. Precautions regarding elopement.	1. Common methods used and reasons for patient elopement. 2. Nurse's responsibility in preventing routines when elopement occurs.
F. Preventing injury to self and others	1. Common reasons for attempting suicide. 2. Methods of suicide, means for precautions. 3. Types of patients likely to injure themselves or others.
G. Restraints	1. Principles of manual, mechanical and chemical restraints.

Step III. APPLICATION

Student group point out both necessary and unnecessary environmental hazards in the immediate environment. Review of fire precautions for the home, hospital, or school. Demonstration of as many types of restraints as possible.

Step IV. CHECK-UP OR TEST

Return demonstration for correct use of manual and mechanical restraints. Have each student give location and procedure for using the fire equipment in the area in which he is spending the greater part of the day.

SUMMARIZATION:

Symptoms of mental illness may cause a patient to disregard his own safety and the safety of others to the degree that security measures must be observed constantly by well informed, alert personnel.

During our next meeting we will discuss: Types of Mental Diseases

INSTRUCTOR'S LESSON PLAN — Lesson 9

MENTAL NURSING

NAME OF LESSON: Types of Mental Diseases

AIM OF LESSON: To acquaint the student with the different classifications of mental diseases

REFERENCES:
Mental Health, the Nurse and the Patient - Odlum
Practical Nursing - Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

Step I. INTRODUCTION:

There are many types of mental illnesses. Many types will lend themselves to a definite classification, other mental illnesses present symptoms of two or more of these different types.

Step II. PRESENTATION:

(List Points of Information)	Key Points (Things to remember to do and say)
A. Organic diseases	1. Acute Brain Disorders a. Associated with brain or bodily infection b. Drug or poison intoxication c. Alcohol intoxication d. Head injury (1) Brain surgery e. Circulatory disturbances (1) High blood pressure a. "Stroke" f. Brain tumors 2. Chronic Brain Disorders a. Birth injury, illness, or defect b. Chronic forms of the acute brain disorders that have passed the acute stage c. Disorders of unknown or uncertain causes 1. Multiple schlerosis 2. Huntington's chorea

B. Psychotic Disorders

1. Involutional psychotic reaction
   a. Depression occurring at middle age
      (1) "Change of life"
         a. Men
         b. Women

2. Manic depressive reactions
   a. Manic, overactivity
      (1) Motor
      (2) Verbal
   b. Depressed, underactivity
      (1) Motor
      (2) Verbal
   c. Other
      (1) Mixed overactivity and underactivity

3. Psychotic depressive reaction

4. Schizophrenic reactions
   a. Simple type
   b. Hebephrenic type
   c. Catatonic type
   d. Paranoid type

5. Schizophrenic reactions, acute and chronic

6. Paranoid reactions
   a. Paranoia
   b. Paranoid state

7. Psychophysiologic Autonomic and Visceral Disorders. (Psychosomatic Disorders)
   a. Skin reaction
   b. Musculoskeletal reaction
   c. Respiratory reaction
   d. Cardiovascular reaction
   e. Gastro-intestinal reaction
   f. Genito-urinary reaction
   g. Endocrine (glandular) reaction
   h. Nervous system reaction

C. Mental Deficiency	1. Defect in intelligence existing since birth, without demonstrated organic brain disease, or known cause before birth
	2. Degrees of intelligence defect: a. Mild-vocational impairment b. Moderate. Requires special training and guidance c. Severe. Requires custodial or complete protective care
D. Psychoneurotic disorders	1. Anxiety reactions
	2. Obsessive reaction
	3. Dissociative reactions
	4. Conversion reaction
	5. Depressive reaction
	6. Phobic reaction
E. Personality Disorders	1. Define the following disorders a. Inadequate personality b. Schizoid personality c. Cyclothymic personality d. Paranoid personality e. Emotionally unstable f. Passive-aggressive personality g. Compulsive personality h. Antisocial reaction i. Dissocial reaction j. Sexual deviation
F. Transient Situational Personality Disorders	1. Different types of transient disorders a. Gross stress reaction (1) Combat, fire, tornado, etc. b. Adult situational reaction (1) Difficult situations (2) New experiences c. Adjustment reaction of infancy and childhood d. Adjustment reaction of adolescence and late life

Step III. APPLICATION:

Classroom discussion of the types of mental diseases

Step IV. CHECK-UP OR TEST:

Matching: Classifications of Mental Illness are listed below. Select the major heading or classification and place the number in the space provided in front of the type of illness that fits the classification.

EXAMPLE: __1__ Brain tumor.
Number may be used more than once

1. Acute brain disorder
2. Mental deficiency

__2__ Brain infection
__5__ Schizophrenic reaction
__7__ Respiratory reaction
__1__ Gross stress reaction
__8__ Antisocial reaction
__3__ Associated with syphilis
__6__ Phobic reaction
__5__ Paranoid reaction
__7__ Nervous system reaction
__8__ Sexual deviation
__1__ Adjustment reaction of late life
__8__ Compulsive personality
__2__ Associated with head injury
__8__ Inadequate personality
__1__ Adult situation reaction
__5__ Manic depressive reaction
__7__ Skin reaction
__2__ Associated with alcoholic intoxication
__7__ Gastro-intestinal reaction
__6__ Conversion reaction

1. Transient Situational Personality Disorder
2. Acute Brain Disorders
3. Chronic Brain Disorders
4. Mental Deficiency
5. Psychotic Disorders
6. Psychoneurotic Disorder
7. Psychophysiologic Autonomic and Visceral Disorder
8. Personality Disorder

SUMMARY:

Mental illness is being recognized as an illness, not a disgrace. The patient will require special nursing techniques to meet his needs according to the reaction pattern that he presents. It is not the nurse's responsibility to classify the type of mental illness that the patient has, but it is helpful to know these classifications in order to be better equipped to predict a patients possible reactions in given situations.

Tomorrow's lesson will be: Types of Therapy

INSTRUCTOR'S LESSON PLAN — Lesson 10

MENTAL NURSING

NAME OF LESSON: Types of Therapy

AIM OF LESSON: To teach the student the types of therapy used to treat the mentally ill patient, their basic principles and their value to the patient.

REFERENCES:
Mental Health the Nurse and the Patient - Odlum
Practical Nursing - Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

Step I. INTRODUCTION:

Special therapies are used at different periods of a patient's illness. Today we will discuss the different types of therapy used and the principles involved as well as the benefits the patient receives from them.

Step II. PRESENTATION:

(List Points of Information	Key Points (Things to remember to do or say)
A. Occupational Therapy	1. Mental or physical activity prescribed by the physician. 2. Occupational therapist specially trained. 3. Scope and principles of occupational therapy.
B. Recreational Therapy	1. Help patient relax. 2. Learn to adjust to groups again.
C. Hydro-therapy	1. Treatment of disease by water in any of its forms. 2. Sedative type most commonly used. a. Wet sheet pack. b. Continuous tub bath. c. Ice caps and packs.
D. Group Therapy	1. Patients with similar problems grouped.

2. Psychiatrist leads discussion.
3. Helpful to patient because others have same or similar problems.
4. Psychodrama used.

E. Shock Therapy

1. Insulin shock therapy.
   a. Therapeutic coma due to insulin.
2. Electroshock therapy.
   a. Most common of shock therapies.
   b. Convulsive reactions.

F. Fever Therapy

1. Therapeutic high fever.
   a. Sterile malaria germs.
   b. Kettering Hypertherm, fever apparatus.

G. Chemotherapy

1. Common standard drugs for hypnosis and tranquilizers

Step III. APPLICATION:

Classroom discussion of benefits of group discussion of mutual problems. Question and answer session regarding nursing care of patients in insulin shock and convulsions, also nursing care of a patient with a high fever.

Step IV. CHECK-UP OR TEST:

Oral quiz on effects of tranquilizing drugs, sedatives and hypnotic drugs. Oral quiz on bodily reactions to effects of heat and cold in relation to hydro-therapy.

SUMMARY:

Today we have discussed the special therapies used to treat the mentally ill and the expected results of these treatments. At some time during the patient's illness any one or all of these treatments may be employed. It is essential that you as the nurse who will be caring for the patients receiving these treatments understand the basic principles involved and the value of them to your patient.

Our final lesson in mental nursing will be on Rehabilitation.

INSTRUCTOR'S LESSON PLAN

Lesson 11

MENTAL NURSING

NAME OF LESSON: Rehabilitation of the Mentally Ill Patient

AIM OF LESSON: To teach the student her role in the rehabilitation of the mentally ill and to familiarize her with some of the facilities available to help the mentally ill.

REFERENCES:
Mental Health the Nurse and the Patient - Odlum
Practical Nursing - Rapier, et al
Simplified Nursing - Thompson and LeBaron
The Psychiatric Aide - Robinson

MATERIALS: Copy of final test for each student.

Step I. INTRODUCTION:

Medically used the word rehabilitation means to offer to the person who is ill an opportunity to recover from his illness as well as to become again a member of the community at the best level of which he is capable. Today we shall discuss the basic steps of rehabilitation.

Step II. PRESENTATION:

(List Points of Information)	Key Points (Things to remember to do or say)
A. Rehabilitation Team	1. Many people involved, psychiatrist, social worker, psychologist, occupational and recreational therapists and nurses.
	2. Access to all facilities for all patients. a. Levels of convalescense or return to normal. Participation in simple activities on ward. Participation in activities in occupational therapy department. Participation in recreational activities with supervision.

Extended privileges,
ground, home.
Ground parole.
Outside parole.
Discharge from hospital.

3. Counseling for discharged patient

4. Family responsibilities to the patient

5. Community responsibilities

6. Role of the nurse in rehabilitation of the mentally ill

Step III. APPLICATION:

Comparison study of the physically ill patient and mentally ill patient and the factors involved in the rehabilitation of each type of patient, using the seven steps listed in key point 2. This can be handled in the form of a classroom question and answer period. A field trip through a psychiatric hospital.

Step IV. CHECK-UP OR TEST:

Matching Test: Taken from "Simplified Nursing" Thompson and LeBaron

E	1. Minor disorder which does not completely incapacitate the patient	A. Mental illness
G	2. Marked deviation from normal behavior with irregular conduct	B. Doctor
H	3. Functional disorder	C. "Talking down"
I	4. Toxic psychoses	D. Suicide attempt
J	5. System of well organized delusions or false beliefs	E. Chemotherapy
K	6. Illness borderline of psychiatry, often involved with the law	F. Psychoneuroses
A	7. Medical term for mental illness	G. Psychosis
M	8. Legal term for the psychotic	H. Schizophrenia
B	9. The person who reviews the patient's outgoing mail	I. Drug addiction
		J. Paranoia
		K. Psychopathic personality
		L. Mental patient requiring "specials"
		M. Insane
		N. Manic retarded

C 10. Aggravates feelings of inferiority
D 11. Should be reported immediately
E 12. Type of restraint used most often now
L 13. Never leave this type patient alone for one second
R 14. Chronic brain disorder
Q 15. Acute brain disorder
S 16. Psychotic disorder
P 17. Psychosomatic disorder
V 18. Fantasy
U 19. Sexual deviation
T 20. Transient situational personality disorder

O. Hypochondriac
P. Pruritus
Q. Brain Tumor
R. Huntington's chorea
S. Involuntional reaction
T. Adjustment reaction of infancy
U. Sadism
V. Daydreaming
W. Electric shock therapy
X. Lobotomy
Y. Insulin shock therapy